

KANSAS DEPARTMENT OF CREDIT UNIONS

APPLICATION FOR KANSAS CREDIT UNION CHARTER

1. Name and addresses of proposed credit union organizers: (a minimum of seven)

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
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1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

2. Name of Principal Organizer:

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
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3. Name of proposed credit union:_____

4. Describe the proposed credit union's field of membership:_____

5. Number of potential members_____.

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6. Is this group eligible for membership in other credit unions?

Yes _____ No _____

If yes, give the name and location of the credit unions.

Credit Union Name

Address

7. Office of proposed credit union would be located: _____

8. Describe the methods to provide for start up capital.

9. Has a Business Plan been developed for the proposed credit union? _____

10. Would the proposed credit union qualify for "Low Income Designation"? _____

11. Do any of the proposed credit union organizers or volunteers have banking or credit union experience? _____

Their names: _____

Signed: _____

Address: _____

Date: _____